



**September 2001**

This is your newsletter. To submit information, update, or ask questions, please contact Audrey Smolkin at 215-861-4794 or by e-mail at:

[asmolkin@hrsa.gov](mailto:asmolkin@hrsa.gov)

## **LATE BREAKING NEWS**

### **REMARKS FROM THE DIRECTOR OF CAP, ERIC BAUMGARTNER**

I would like to take this opportunity to first tell you again how much we appreciate the great work that you're doing in each of your communities across the country. Without your thoughtful and committed initiatives, the CAP program could not have launched its mission. At this time, you are among an amazing community of CAP communities that is 136 strong!

For me, it has been a professional and personal privilege and pleasure to have a chance to work with this remarkable program and to have come to meet, to know and to work with so many incredible, passionate and effective people. As we come to the close of the Federal fiscal year this month, so comes the closure of participation by Nora Lynn Buluran and myself in the CAP program. We each will be moving on to other pursuits.

For Nora Lynn, she will be returning to the Bureau of Primary Health Care's Division of Community and Migrant Health, where she was stationed prior to her detail with CAP. I know you join me in thanking Nora Lynn for all she has done to help support this program and in providing many of its functions. As for myself, I will be returning to my home in Louisiana where I will continue my national professional pursuits in community health from the private sector.

Dr. Gaston will be announcing very soon the new Acting Director for the Center for Communities in Action, where CAP is located. Know that HRSA and the Bureau stand committed to continuing to serve as your effective Federal partner. We all look forward to a very successful fiscal year 2002, during which each of your communities and, hence, the nation moves further towards 100% access to care and disparities elimination.

Best of luck to you and take good care.

Eric T. Baumgartner

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## PROGRAM ISSUES

### **Greetings CAPpers,**

We at CAP are hoping that you and your loved ones are safe after this recent national tragedy. The work you do is critical and we will continue to try to support you in your mission. In response to your many questions, we continue to plan on having the conference as scheduled, on Oct. 14-17th in Crystal City, VA. If there are any changes to the plan or schedule, you will be notified as soon as possible. Questions or concerns about the conference can be directed to Audrey Smolkin at [asmolkin@hrsa.gov](mailto:asmolkin@hrsa.gov).

### **In Other Program News:**

**New CAPpers!!** CAP happily welcomes our latest round of grantees. Sixty communities across the country have joined us! More information on those communities and lots of networking opportunities will be coming up at the October conference. If you are interested in having additional members of your community added to our distribution list for CAPStone, TA calls, and other information updates, contact Angelique Raptakis at [araptakis@mac1988.com](mailto:araptakis@mac1988.com). Please include your collaborative name and contact information in your request.

**Conference Registration:** As discussed above, all CAP Project Directors should have received registration information for the upcoming conference. Registration materials can also be found on our website, [www.capcommunity.org](http://www.capcommunity.org) or you may reach our logistics coordinators directly by calling Dawn Farrell Mitchell at (301) 770-8970 ext 13 or by email at [cap@synthesisps.com](mailto:cap@synthesisps.com). For substantive concerns about the conference, offers to participate in presentations or panels, or other suggestions, please contact Audrey Smolkin at [asmolkin@hrsa.gov](mailto:asmolkin@hrsa.gov), 215-861-4794.

Please be aware that we are still seeking presenters and would welcome your participation in the following topic areas: Big Cities issues; Eliminating Disparities; Mental Health and Substance Abuse; and others. Please be in touch with Audrey if you are interested in sharing your Collaborative's work in these areas.

**Six-Month Project Updates:** Many of the March 2001 grantees have raised questions about Six-Month Project Updates, the tool currently used for program-wide monitoring. Due to uncertainty about FY 2002 funding and its concurrent implications about local evaluation funding, we have not released guidance around six month reporting. You will be receiving in-depth guidance on which forms to complete, where to send them, and applicable reporting deadlines at the October conference and will have 30 days from then to complete the materials. If you have specific questions or concerns, please contact Teresa Brown, evaluation specialist at [tbrown@hrsa.gov](mailto:tbrown@hrsa.gov).

**Twelve-Month Project Updates:** Grantees funded in September 2000 will also receive additional information about twelve-month reporting requirements at the conference in October. Please contact Teresa Brown, evaluation coordinator, with any questions or concerns.

**TA Calls:** New TA calls schedules will be sent out shortly. We are hoping to get feedback from you on issues you would like covered. Please submit them now or at the conference.

Looking forward to seeing you at the conference,

Audrey

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### **Hotline to Ease Treatment of Medicaid, Medicare and SCHIP Patients Affected by Terrorist Attacks**

The contractor that handled health care provider questions related to Medicaid, Medicare and SCHIP patients' eligibility, payment and billing

questions had offices in the World Trade Center, which was recently destroyed during terrorist attacks on September 11, 2001. To address

provider inquiry response needs, the Centers for Medicare & Medicaid Services (CMS, formerly HCFA) has set up a hotline (410-786-2000) to respond to these questions.

CMS will work with providers to ensure payment for covered services, and urges providers to provide urgent care first, as in any emergency.

## Post-Traumatic Stress Fact Sheet

A fact sheet on Post-Traumatic Stress Disorder in Children and Youth has been prepared jointly by HRSA's Emergency Medical Services for Children Program and the National Highway Traffic Safety Administration (NHTSA). It is hoped that this information will be helpful for adults, children, and those responsible for comforting them in the wake of the September 11, 2001 terrorist attacks. The fact sheet will be made available soon on HRSA's website.

## CAP TA CALLS

### Technical Assistance Calls

Technical assistance calls for grantees continue to be held every other Tuesday from 2 to 3 or 3:30 PM EST. The schedule for October appears below. To register for the calls, please contact Angelique Raptakis at 301-468-6006 Ext. 501 or at [araptakis@mac1988.com](mailto:araptakis@mac1988.com) with your name and contact information at least one week prior to the call.

Shortly after you register, you will receive a call-in number and an access code. If you do not receive this call-in information by the Monday before the call, please contact Angelique. Agendas for TA calls will be emailed out ahead of time.

| CAP TA Calls |  |
|--------------|--|
| Date         | Topic  |
| October 2    | <b>Drug Pricing</b><br>This session will address how CAP coalitions can take advantage of the 340B program to lower outpatient drug acquisition costs, as well as the compliance requirements associated with the program. |
| October 30   | <b>To Be Announced.</b>  |

With the exception of calls related to legal issues, all TA calls are summarized and posted on the CAP website (<http://www.capcommunity.org>). While the website is still under development, it currently has links to grantees, information on peer-to-peer support by area, TA call summaries, legal issue briefs, and a bulletin board to post questions. You can also use the website for TA questions and as a link to our CAP TA consultant, MAC, for assistance and consultant recommendations.

## GRANT OPPORTUNITIES

### Grants for Community Health Centers

The Department of Health and Human Services has made available \$24.8 million in grants for

220 community health centers that offer services to un- and underinsured clients. Offering these grants demonstrates the Department's recognition of the fact that it is through

community health centers that we can most effectively bring access to a wide range of medical services, including primary care, mental health, pharmacy and substance abuse services, to medically underserved Americans.

## CONFERENCES

### **CAP Grantee Conference Set for October 2001**

As noted above, CAP's Fall 2001 Grantee Meeting remains scheduled for October 14 -17 at the Hyatt Regency Crystal City in Arlington, Virginia. Please make your reservations as early as possible by calling (703) 418-1234 and asking for in-house reservations for Community Access Program participants to get the discounted conference rate. The focus of the conference is: ***Building Partnerships: Leveraging Resources to Extend Community Health.***

The meeting will open on Sunday night with a grants management briefing for the newest CAP grantees, who received their awards in September 2001. A networking reception for all grantees will follow on Sunday evening. Two full days of meeting sessions will be offered on Monday and Tuesday, followed by a half-day optional session on clinical redesign on Wednesday, October 17<sup>th</sup>. Further details on this topic and other conference information can be found at the CAP website: [www.capcommunity.org](http://www.capcommunity.org).

Since this is your conference, we continue to encourage you to become involved in development and refinement of the conference agenda. If you are available to participate in the planning process, please contact Audrey Smolkin at your earliest convenience at (215) 861-4794 or email [asmolkin@hrsa.gov](mailto:asmolkin@hrsa.gov).

For questions regarding conference logistics, you may contact Dawn Farrell Mitchell at [dmitchell@synthesisps.com](mailto:dmitchell@synthesisps.com) or (301) 770-8970 ext. 13, or Wendy Houston at [whouston@synthesisps.com](mailto:whouston@synthesisps.com) or (301) 770-8970 ext. 12.

These Service Expansion Grants are expected to improve access to medical care for 220,000 people.

Names of current grant recipients can be found at [www.hrsa.dhhs.gov/Newsroom/releases/2001%20Releases/serviceexpansion.htm](http://www.hrsa.dhhs.gov/Newsroom/releases/2001%20Releases/serviceexpansion.htm).

### **Communities in Action Videoconference on September 26**

Be sure and register to participate in the Bureau's Communities in Action Videoconference, *Eliminating Health Disparities*, to be held on September 26, 2001 from noon to 4PM EST. This interactive conference will offer help to grantees from leaders in the health care community who share their success in "pursuing better health for more people for less cost" and ways you can replicate their success in your organization.

Call Colette Hicks at 703-812-8813 for information regarding satellite downloading for the conference.

To learn more about Communities in Action, visit their website at: <http://www.bphc.hrsa.hhs.gov>.

### **National Child Health Day**

October 1 is National Child Health Day 2001. The theme of this year's event is entitled All Aboard the 2010 Express: A 10-Year Action Plan to Achieve Community-Based Service Systems for Children and Youth with Special Health Care Needs and their Families.

CAP grantees who would like to participate in the day's events can request a kit containing promotional materials by calling (888) 434-4624 toll free or (703) 356-1964 in the Washington DC metro area. Materials included in the kit will be helpful for engaging your local media to cover issues related to providing special needs health care to American children and young people.

Fact Sheets, activities for kids and other related materials appear on HRSA's website, [www.hrsa.gov](http://www.hrsa.gov).

## GRANTEE & OTHER NEWS

### **Increased Medicaid Coverage for NY's Children**

The Department of Health and Human Services is working to improve access to health care by granting NY's request to extend Medicaid coverage to 71,000 more children. This action follows Medicaid waivers and SCHIP amendments granted in early 2001 designed to increase the numbers of children receiving required medical care in a considered attempt to assist medically underserved children.

For additional information, go to [www.hhs.gov/news/press/2001pres/20010804.html](http://www.hhs.gov/news/press/2001pres/20010804.html).

### **Honing Cultural Competence**

HRSA has compiled strategies to help health care providers and managed care organizations improve their cultural competence when working with or delivering medical care to people of different cultures, backgrounds and languages. Developing understanding, skills and knowledge of diverse cultures is a critical factor in increasing access to quality care.

The publication is called Cultural Competence Works. You can request a copy by calling 1-888-Ask HRSA, or by visiting [www.ask.hrsa.gov](http://www.ask.hrsa.gov).

### **Mexico Opens US Health Office**

Mexican President Vicente Fox is preparing to initiate his "*Leave Healthy and Return Healthy*" program, focused on delivering medical attention to migrant workers. To support this program, the Mexican government has announced that it is opening a health commission for Mexican migrants to the US that will offer medical care and help thwart the rise in numbers of AIDS cases among this population. With privately-donated and government funding from both the U.S. and Mexico, the commission will target 90 locations that comprise the chief departure points for Mexican migrants as well as those U.S. cities with the highest concentrations of Mexican migrant residents.

### **Do you have exciting or interesting news you would like to share with other grantees?**

Please send your ideas to Audrey Smolkin at [asmolkin@hrsa.gov](mailto:asmolkin@hrsa.gov).

## REPORTS AND ISSUE BRIEFS

### **America's Children: Key National Indicators of Well-Being**

The Federal Interagency Forum on Child and Family Statistics has improved data measurements in its recently published 2001 report on the status of America's children. The Forum has developed twenty-four key indicators of childhood well-being related to factors including economic security, health, behavior, and education.

The current report places emphasis on issues related to childhood asthma prevalence and youth employment and can be accessed at <http://childstats.gov/ac2001/ac01.asp>.

### **Trends in Health and Aging**

A new series of Aging Trends reports has been released at the National Center for Health

Statistic's (NCHS) Data Warehouse on Trends in Health and Aging. Reports feature updated tables and discuss developing trends and issues related to cause of death, vision, hearing, oral health among nursing home populations.

The reports, as well as information about obtaining CD and printed versions, can be found at [www.cdc.gov/nchs/agingact.htm](http://www.cdc.gov/nchs/agingact.htm).

### **Statistics on US Health**

The 25<sup>th</sup> annual statistical report on the nation's health is now available from the National Center for Health Statistics. This year's report features a comparison of the health status and services available to urban, rural and suburban U.S. residents.

To access the report, go to [www.healthinschools.org/sept\\_alerts.asp](http://www.healthinschools.org/sept_alerts.asp).



## Health Care Coverage Proposals

Under a grant from the Robert Wood Foundation, the Economic and Social Research Institute has issued a report on ten provisional health care proposals for developing universal health coverage. Cost analyses of these proposals are underway and will be issued at a later date.

The report, entitled *Covering America: Real Remedies for the Uninsured*, can be ordered by calling (202) 833-8877 or emailing [esri@capu.net](mailto:esri@capu.net).

## CDC Report: Rural Areas Lack Access to Health Care

A 2001 Centers for Disease Control report on the nation's health states that rural residents have less access to health care and do not receive as much preventive care or medical treatment as other Americans. The lack of available nearby care and the prevalence of poverty in rural areas tend to keep rural residents from receiving adequate care and also tend to make rural areas unattractive to many physicians, dentists, and other medical personnel.

The report further states that people in rural areas exercise less, smoke more, and are generally less healthy than their urban and suburban counterparts. Suburban Americans tend to be the healthiest.

## Surgeon General's Report on the Role of Culture, Race, and Ethnicity In Mental Health

In a new, supplemental report of U.S. Surgeon General, Dr. David Satcher, it is noted that racial and ethnic minorities are less likely to have access to or to receive necessary and quality mental health services, despite the fact that

mental disorders of racial and ethnic minorities occur at about the same rate as in the white population.

Both the supplemental and original reports can be found at [www.surgeongeneral.gov/library/mentalhealth/core/default.asp](http://www.surgeongeneral.gov/library/mentalhealth/core/default.asp).

The Surgeon General's children's mental health national action agenda can be found at [www.surgeongeneral.gov/cmh/default.htm](http://www.surgeongeneral.gov/cmh/default.htm).

## National Listening Session on Health Disparities and Mental Retardation

Surgeon General David Satcher will hold a meeting on the subject of health disparities and mental retardation on October 10, 2001.

Approximately 7.5 million mentally retarded children and adults reside in the U.S.

Comments are invited via email both during and after the meeting. Comments may be faxed to Dr. Susan McDermott at 301-496-0588.

To learn more, visit <http://www.surgeongeneral.gov>.

## Less Charity Care

The Center for Studying Health System Change has issued a report entitled, *Physicians Pulling Back From Charity Care*, that notes a decrease in the numbers of physicians offering charity care from 76% to 72% during the period between 1997 and 1999. This is disheartening news for un- and under-insured Americans and the safety nets that work to provide equitable access to care. Possible reasons cited for the decline include increasing financial pressure and administrative duties facing physicians.

More information on this study is available at [www.hschange.org/CONTENT/356](http://www.hschange.org/CONTENT/356).

## WEB RESOURCES

### WEB QUICKLIST

An alphabetical listing of all the websites mentioned in this newsletter...

American Dental Association  
<http://www.ada.org/prof/pubs/jada/index.asp>

Centers for Disease Control  
<http://www.cdc.gov>

Communities in Action  
<http://www.bphc.hrsa.dhhs.gov>

Community Access Program  
<http://www.capcommunity.org>

HRSA – Cultural Competence  
<http://www.ask.hrsa.gov>

Federal Interagency Forum  
<http://www.childstats.gov/>

HSC  
<http://www.hschange.org>

HHS  
<http://www.hhs.gov>

NCHS  
<http://www.cdc.gov/nchs/> (moved down)

HRSA  
<http://www.hrsa.gov>

Surgeon General  
<http://surgeongeneral.gov>

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CAPStone is provided as a service to CAP Grantees by the Community Access Program of the Health Resources and Services Administration. Please forward your corrections, questions or comments about the newsletter to:

**Synthesis Professional Services, Inc.**  
**(301) 770-8970 ext. 11**  
**CAP@Synthesisps.com**